

Provider Roundtable - July 26, 2023

Meeting Agenda

1. DOJ Update- Heather Norton
2. 22nd study period updates on Behavioral Services - Nathan Habel
3. Office of Licensing Updates- Mackenzie Glasgow
4. Individual and Family Supports Program- Heather Hines
5. Office of Health Network Supports- Katherine
6. ISP Misunderstandings- Amy Braswell
7. You Get What You Train For: Supervision and Staff Support -Zachary Bird
8. Other important updates
9. Q&A on the Departmental Updates below

1. DOJ Activity

The 22nd reporting period has concluded, and the Independent Reviewer's Report can be accessed here: [230613 22nd Report to the Court \(virginia.gov\)](#)

DBHDS is currently negotiating with DOJ regarding core indicators to be continued post agreement, and there will be an open court session on July 27th at 1pm at the Federal Courthouse.

DBHDS will start the 23rd reporting period with kickoff calls commencing in August. The focus of this review will be the 153 indicators that are not in sustained compliance.

2. Training Center discharges

SEVTC Census is 66. Kimberly Davis is now the Discharge Coordinator. Providers are welcomed to reach out to her regarding their services and vacancies. Kimberly.R.Davis@dbhds.virginia.gov

3. DD Waiver Updates

No updates.

4. Person-Centered Individual Support Plan (ISP)

Support Coordinators- In order to assure that providers have their Shared Outcomes available as soon as possible, you are able to

complete the Part III in WaMS first, prior to completing the Parts I and II, so that they can begin working on their Part Vs with plenty of time to submit their Service Authorization Requests in WaMS with sufficient time for approval and to address any pends prior to the service start date.

Providers- You can find ISP Trainings, Templates, and other Resources on the Office of Provider Network Supports webpage at: <https://dbhds.virginia.gov/developmental-services/provider-network-supports/>

5. WaMS

WaMS Job Aids, User Guides, training information, Did You Know? Documents, and more are available on the WaMS splash page upon login under "Training, Webinars, FAQs"

6. RST

Providers: Please communicate to Support Coordinators as soon as you begin the process of increasing your license. The SCs need to have enough time to offer and document informed choice on the VIC as well as complete a referral within 5 days of receiving this information.

Providers: Please communicate to the Support Coordinator anytime a person is moving even if they are moving within the organization so that the SC can provide informed choice and submit the RST referral documentation.

Reminders:

- RST was fully implemented into WaMS on January 1, 2023. No paper referrals or VICs are being processed for RST review.
- The RST preview session can be found at this link: <https://vimeo.com/manage/videos/792647390/1082a9683f>
- The completion of the VIC is required to be completed in WaMS as part of RST. The VIC should be fully completed to document the review of all service options as well as to document that the SC has provided the individual and family information related to The Center for Family Involvement, Peer Mentoring, and the desire for assistance. This includes the review of Support Coordination, located in the VIC under Additional DD Waiver Options, to show the CSB and Name of the SC.
- SCs should be submitting referrals timely in WaMS. The date used to track compliance is the submission date, not the date it was started.
- SCs are no longer required to call into the RST meeting unless requested or RST is holding an Emergency Meeting. You will continue receiving information about when your referral will be reviewed via email. You should update the CRC on the referral and barriers as they will present the information to RST on your behalf.
- SCs should clearly be documenting in the WaMS RST referral summary as it relates to the individual and the reason for the referral. Please provide details related to the reason for the referral. This summary section is where you document medical, behavioral, support needs, and the reason for the referral to RST.

SCs continue to be responsible for completing the RST Recommendations and closing the referral in WaMS. RST recommendations are entered into WaMS for the SC within 5 days of the review meeting.

The CSB/SC entering the referral into WaMS should be monitoring the status of the referral frequently and responding to any Re-opening requests for corrections, CRC Recommendations, and RST Recommendations.

- Data related to the RST process is used for compliance with the Settlement Agreement and assists DBHD with identifying gaps in service across all regions.

Total Number of RST Referrals in WaMS: 342 (January 1, 2023)

Region 1: 35 Total; 18 Pending Closure

Region II: 34 Total; 18 Pending Closure

Region III: 65 Total; 17 Pending Closure

Region IV: 104 Total; 51 Pending Closure

Region V: 72 Total; 19 Pending Closure

It is important that CSB/SCs monitor the RST Referrals and close them in the WaMS system timely (15 Days).

The Cross Regional Team (CRT) has met monthly in FY23 as an effort to reduce the number of late referrals related to moves occurring prior to the next scheduled regional meeting. SCs do not participate in the CRT meeting so it is important that a summary provides details and informed choice be clearly documented on the VIC.

CRT has reviewed a total of 160 referrals (January 1, 2023)

7. Employment

No updates

8. HCBS Settings Regulation

1. DMAS did receive final approval on our CAP/Extension from CMS. Under the new timeframe, we will be prioritizing the completion of non-residential services. This means that day supports, and group employment providers will be receiving reviews within the next few months if they have not already.
2. Residential reviews will have a targeted end date of 8/31/23. This will allow for 120 days for any provider who does not reach compliance to appeal having their participation agreement removed & allow for a smooth transition for any impacted individual.
3. Reminder- these reviews are not optional. If you are contacted for a review, you must respond and complete the process. DMAS has started sending out notifications to non-responsive providers of our intent to terminate their participation agreement due to their non-responsiveness. If a provider does not respond, they are not compliant.
4. The main areas for remediation under current reviews continues to be daily progress notes. We have also seen an uptick in individuals not having keys to their rooms, without a modification in place. As a reminder, there is information on modifications on the DMAS website in the HCBS toolkit. It is the expectation that the modification process outlined in a provider's policy is followed.
5. Thank you to all providers who have participated thus far! We have seen some innovative and great practices in our reviews and appreciate all of the hard work that has been done so far.

9. IFSP Communication

- Presentation

Visit our website: <https://mylifemycommunityvirginia.org>

My Life, My Community call center: 844-603-9248 (M-F, 8a to 4p)

Connect on Facebook: <https://facebook.com/IFSPCommunity>

Email us (Council and outreach questions): IFSPCommunity@dbhds.virginia.gov

Email us (Funding and general questions): IFSPSupport@dbhds.virginia.gov

10. Customized Rates

- **Customized Rate Staff:**

- a. **Gina Koke** is a Customized Rate Consultant

gina.koke@dbhds.virginia.gov

804-944-7156

- b. **Angela Clark** is the new application processor.

angela.clark@dbhds.virginia.gov

804-615-9867

- b. **Javier Ramos** is a field-based Customized Rate Consultant

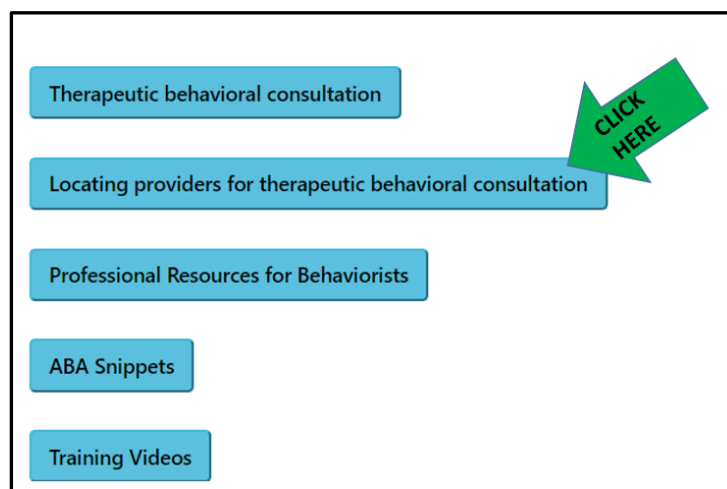
javier.ramos@dbhds.virginia.gov

804-787-3505

11. Behavioral Supports

DBHDS is pleased to announce a [new search feature to find behaviorists](#) under the Developmental Services website: the [Behavioral Services webpage](#) now offers a basic search function specific to therapeutic behavioral consultation under the FIS & CL waivers. Families, CSB staff, and providers alike are encouraged to check out this new feature.

When on the [Behavioral Services page](#), first click the “Locating providers...” button as seen below:



Next, click the SEARCH ENGINE link as seen below. Clickable filters are available to view by region, languages spoken, staffing credentials, etc.



Starting in March 2023, DBHDS is providing the following [SEARCH ENGINE](#) to locate behaviorists that deliver this service. If you are behaviorist and would like to have your organization's contact information listed on this search engine, or if your organization's information requires updates, [please contact DBHDS via email](#).

While you are on the [Behavioral Services webpage](#), be sure to take a look at the resources and training videos library.

Thank you to the behaviorist community in Virginia for your participation in the development of this search feature. If you are a provider of therapeutic behavioral consultation and would like your information updated, [contact us](#) here.

Questions or needs: Nathan.habel@dbhds.Virginia.gov

12. HSAG

HSAG is currently most of the way through reviews for Round 5. Thank you to all providers and CSBs for gathering your documents and working with HSAG to complete these reviews. The care and support that you provide for individuals is invaluable and appreciated. There are a few areas of concern that were noted and they are listed below:

Quality Service Review Round 5 alerts include:

Staff did not follow or were not familiar with:

- Medical protocols as written
- Behavioral protocols as written and not able to support the individual appropriately

Staff were not able to describe:

- Medical support needs or how to respond to needs
- Follow-up for medical - Documentation did not show medical follow-up
- Medication or side effects of medications (or where to find them)
- Outcomes for the individual
- Things important to or for the individual

Other areas of concern on the Round 5 Alerts include:

- Annual and physical dates over a year old
- Medical needs not being met
- Referrals for OT and PT not completed
- Allegations of neglect, abuse, exploitation not being investigated or reported per regulation
- Individuals not being provided a key to the home
- Staff did not receive appropriate supervision (of new staff)
- Adaptive equipment needing repairs for an extended amount of time
- Medication not being given as prescribed

- Restrictions implemented but not approved
- Referrals for behaviorists not made when indicated
- Medical needs not explored by appropriate medical professionals
- Allegations of staff stealing from residents
- Lack of proof on competency-based training
- Lack of proof of provider-based orientation training
- Insufficient staffing
- Not honoring request for choice of a new provider
- Access to community
- Needs identified in SIS not addressed in the ISP

13. Office of Community Quality Improvement

- Consultation and Technical Assistance for 2nd Quarter of Calendar Year 2023 has been completed. Results from 2nd quarter included:
 - 94% of survey participants felt they were more prepared after CTA to be in compliance with 620.C.2 at their next licensing review.
 - 100% of survey participants said they would recommend CTA to other providers / CSBs.
 - Regarding improvement in writing measurable goals and objectives, 53% of providers and CSBs participating in the Quarter 2 620.C.2 CTA, rated their ability to write measurable goals and objectives as Good/Very Good **prior** to receiving CTA. Eighty-three percent (83%) of providers and CSBs participating in the CTA, rated their ability to write measurable goals and objectives to be Very Good/Excellent **after** receiving 620.C.2 CTA.
- The next round of Consultation and Technical Assistance (CTA) will be in Quarter 4 (October - December 2023). CTA will not be offered during CY23 Quarter 3 (July – September 2023), as OCQI staff will be completing Support Coordinator Quality Reviews during Quarter 3. CTA for 620.C.2 will resume during CY23, Quarter 4. Sign-up information for 620.C.2 CTA during Quarter 4 will be provided during the last 2 weeks of September 2023.
- DBHDS Office of Community Quality Management: [Office of Community Quality Management - Virginia Department of Behavioral Health and Developmental Services](#)
- Quality Improvement Specialist Contact Information:
 - Jamie Rupe, Region 1, 804-584-0064, Jamie.Rupe@dbhds.virginia.gov
 - Ramona DeFonza, Region 2, 804-512-8459, Ramona.DeFonza@dbhds.virginia.gov
 - Christi Lambert, Region 3, 804-972-1593, Christi.Lambert@dbhds.virginia.gov
 - Pebbles Brown, Region 4, 804-314-2065, Pebbles.Brown@dbhds.virginia.gov
 - Julie Palmer, Region 5, 804-584-0751, Julie.Palmer@dbhds.virginia.gov

Link to Map of QI Specialists: [QM-Regional-Specialists-Map-Contacts-rev-4.26.23.pdf \(virginia.gov\)](#)

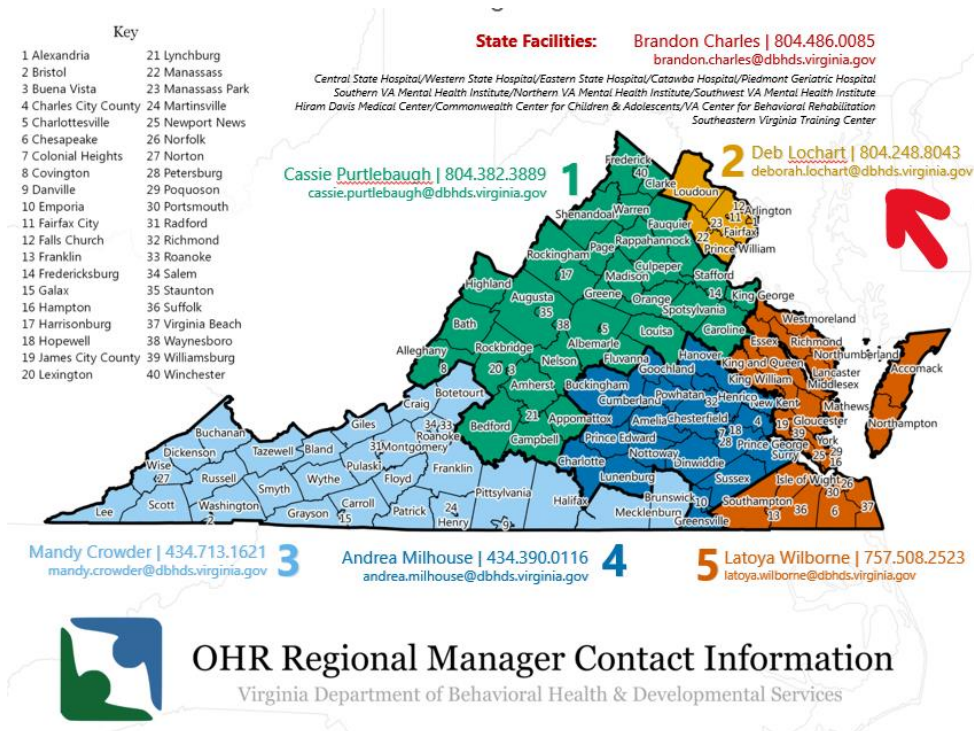
14. Supported Decision Making

All supported decision-making Discovery Tools, FAQs, and the SDMA template are now available in Spanish on the DBHDS website. You can find all SDMA forms here- <https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/>

15. Office of Human Rights

OHR Team Changes

- Region 2 "Interim" Manager



- Training & Development Coordinator Vacancy
- 2023 Provider Training
 - August and September Training Cancelled
 - OHR Trainings to be added to the COLVC

OHR trainings are in the process of being uploaded to the Commonwealth of Virginia Learning Center (COVLC). For new-user registration steps and other helpful information for current users, access the DBHDS- External Entities Domain Guide <https://covlc.virginia.gov>

If additional assistance is needed email the DBHDS COVLC Help Desk at dbhdscovlchelpdesk@dbhds.virginia.gov.

Thursday August 10 th	10:00a – 12:30p	<i>This training is designed to educate the learner on regulatory requirements related to the use of restrictions, behavioral treatment plans, and restraints.</i>		
Tuesday August 22 nd	9:00a – 2:00p	Investigating Abuse & Neglect: The Basics (Invest) <i>This training is designed as an overview of the investigative process, specific to the investigation of abuse and neglect.</i>		
Thursday September 7 th	9:00a – 2:00p	Reporting in CHRIS <i>This training is designed to educate the learner on the human rights complaint process and provider reporting requirements specific to abuse and neglect allegations. The learner will increase their understanding of CHRIS and the Human Rights Regulations regarding human rights complaints and reporting.</i>		
Tuesday September 19 th	9:30a – 2:30p	Overview of the Human Rights Regulations (HRR) <i>This training is designed to provide the learner an in-depth review of the Human Rights Regulations. Providers will increase their understanding of the Office of Human Rights processes and the responsibilities of the provider as mandated by the Human Rights Regulations.</i>		

- Community Look-Behind

- Currently reviewing cases closed between 1/1/23 and 6/30/23

The “community look-behind” (CLB) was established in 2017 to ensure that human rights investigations are conducted in compliance with The Office of Human Rights (OHR) regulations in the Virginia Administrative Code. The CLB identifies areas where training or follow-up assistance is warranted in order to improve the investigative process and outcomes.

The CLB was put on hold in 2020 to address data quality issues with sampling procedures and concerns about real-time review and feedback to providers.

The revised sampling criteria will apply to cases for review as follows:

- Allegation submitted in CHRIS by a Community Services Board (CSB) or licensed private provider
- Incident Service Type of DD report by the provider, and as listed on the CHRIS report
- Allegation with a “closed” date that falls within the month prior to the time period for review

The CLB is currently reviewing sample cases closed between January 1 and June 30, 2023. Providers of DD services will be contacted directly by the OHR Regional Manager if one of your cases is identified for this review.

STAY CONNECTED:

To receive important emails/memos from the Office of Human Rights, click on the following link and select the Licensing check box to sign up <https://bit.ly/2ZpumCx>

Taneika Goldman, State Human Rights Director

taneika.goldman@dbhds.virginia.gov

16. Office of Licensing

Presentation.

17. SIS & RSS Update

- **Quarterly Training Announcements:**
 - Upcoming Trainings are as follows:
 - SIS Training: Thursday, Sept 14th @ 10am
 - Registration information will be available before the end of the month. Please contact the RSS for your region if you need additional information.
 - Please note, if there are several dates available and you are interested in attending, please be sure to sign up for only one session to allow for maximum participation. Our webinars will accommodate reservations for 100 people. Registration will close once maximum registration is reached.
- **New FY24 Slots:**
 - The RSSs are currently scheduling WSAC meeting for the new FY24 slots. Please be responsive when the RSS reaches out to you for scheduling. We need to complete assignment of all of the new FY24 slots by the end of August.
- **Unwinding the Public Health Emergency & Slot Management**
 - As part of the unwinding process for the Public Health Emergency, DBHDS has been sending notification letters and notice of actions. We have notified the CSB when these communications have gone out. We are going to continue to do that for another couple of months until that unwinding process is complete.
 - CSBs are the primary entities who should be managing slots including enrollment, retain slots, notices of appeal, and retain slots. CSBs are closer to the situation and have more information and direct contact with the families. We are aware that there has been significant staffing turnover and the “normal” rules have not applied in a while, so we offer this reminders/guidance about the slot processes:
 - **Projected to Active:** At some CSBs we are seeing a significant number of individuals who are staying in the “Projected” status for extended periods. The ‘Projected’ status is intended to be a very brief period for the CSB to contact the family and ascertain that they are wanting to accept the waiver slot. Once the family affirms that they want to accept the waiver slot, the CSB should transition the slot to active status. This projected status, even with some delays, really should not last for more than two months. CSBs have access through WaMS to a report of individuals in projected status over 90 days. 90 days is more than anybody should be in projected status.
 - **Service Initiation (New to Services):** When individuals enter active status after slot assignment, they have 30 days to begin services. If they do not begin services within 30 days, the CSB must submit a retain slot. DBHDS can approve a retain slot in 30-day increments and can approve **UP TO** four retain slots for individuals new to waiver. This means there is a firm 150-day deadline, after which the slot must be released. Generally, if the individual/family is actively seeking services we approve these for the full 150 days, but we cannot extend past that time. We generally only deny a retain slot if the individual/family is not actively engaging in services.
 - **When individuals have previously received waiver services:** they need a retain slot submitted when they have been without services for 30 consecutive days (whether they have authorized services or not). Again, DBHDS can approve these retain slots in 30-day increments. There is no firm deadline for the number of retain slots that the RSSs can approve but we will not retain these indefinitely. Generally, we will retain for 60-90 days as long as there is active engagement to return to waiver services. After those 60-90 days we will increasingly want to see a definite plan and a definite timeline for returning in order to retain the slot.

- **General Retain Slot Request Reminders:**
 - Double check that you are submitting the retain slot to the correct RSS.
 - Double check that you are marking whether this is a “New to Waiver” or “Interruption of services”.
 - If somebody does not want a new slot assignment, you do not need to issue appeal rights.
 - If the RSS denies the retain slot, the CSB should issue appeal rights and release the slot in 30 days if the individual/family does not appeal.
 - RSS’s are here to help with the retain slot process. We send out a series of monthly reports related to slot utilization. If you need additional help, please reach out to them for consultation and guidance.
- **Reserve Slot Process Reminders:**
 - All reserve slot applications/correspondence should be sent to the dedicated email address:
reserve_slot_request@dbhds.virginia.gov
 - Once a provider is identified, the SC must confirm that all existing/past service authorizations must be in VAMMIS APPROVAL status AND be Inactive before the slot is swapped.
 - Once that is completed and confirmed, email the Reserve Slot email to have the slot swapped.
 - The slot can be swapped the same day. However, the SC needs to work with the PA Consultant to ensure that **ALL** service auths’s are in the correct status for it to be swapped. The SC will be able to launch a new service line for the provider under the new waiver so there isn’t a break in services.
 - Do not wait until the last minute to work on closing any existing authorizations as that will cause a delay for the new provider to be able to bill/start services with the individual.
- **Workgroup for Reports:**
 - We are working on forming a small workgroup to review the monthly data reports we currently send. We would like to include one or two CSBs representatives per region to meet a few times and talk about the current reports, the format, frequency, and communication around expectations. We will be assessing if whether a different way to give this information would be more helpful and effective, or whether there is additional reporting which CSBs need. Our goal is for these reports to be useful for you all in managing those processes. If your board is interested in having a representative in that workgroup, please let your RSS know.
- **WSAC membership**
 - There are more than a few boards that are in dire need of new WSAC members. The RSSs are not able to directly recruit members across the state, so we are dependent on CSBs to be responsive and nominate people to serve. We will work with you and suggest relevant experience to identify where potential members might come from. Please be responsive when the RSS’s reach out to notify you of member shortages so that we can keep a full diverse roster of WSAC members.
- **Building Independence Slot Report as of 7/14/2023:**
 - Region 1: 8
 - Region 2: 4
 - Region 3: 14
 - Region 4: 27
 - Region 5: 25

SIS Related Updates

- **SIS Online:**
 - Reminder: If you need support on SIS Online or obtaining access to a SIS report, please reach out to the assigned RSS for your Region before contacting the Help Desk.
- **WaMS updates:**
 - Please pay attention to updating the SC assignments in WaMS, including the contact information (phone number and email). We use the information in WaMS for SIS scheduling and if this information is not up to date it delays the scheduling of SISs.
- **SIS-A® 2nd Edition Focus Group (Providers):**
 - An opportunity to make a difference and have your voice heard!
DBHDS is seeking private providers interested in collaborating with DBHDS as we transition to SIS-A 2nd Edition. This is a 1-year commitment, meetings will happen monthly. If you're interested, please complete the survey, deadline is **Monday July 31, 2023**.
<https://www.surveymonkey.com/r/VASIS2ndEdProviderfocus>

18. Office of Health Network Supports

- Presentation

19. Service Authorization

No Updates

20. DMAS Communication

In-Home Support Services: Guidance Document available: <https://dbhds.virginia.gov/wp-content/uploads/2023/07/DMAS-In-Home-Support-Guidance-FINAL.pdf>

EHBS Guidance Document will be available for 30 day public comment period on Town Hall starting July 31st:
<https://townhall.virginia.gov/L/GDocs.cfm>

21. Housing

No updates.

22. DMAS Quality Management Review (QMR) Report

QMR citations for Providers:

- Missing background checks, criminal history checks, LEIE checks
- Missing orientation and competencies
- Missing documentation of staff supervision
- Risks not addressed in Part V
- Part V not signed
- Vague support instructions
- Daily notes lacking required information
- Quarterly Person Centered Reviews not completed / completed late / no documentation that it was sent to the SC timely

QMR citations for Support Coordination:

- Missing background checks, LEIE checks
- RAT is either missing or incomplete
- Items marked in the RAT are not noted in the RAT summary
- All risks not addressed in the ISP
- Quarterly Person Centered Reviews not completed / completed
- VIDES not completed on time or not completed face to face

23. Training and Resources

You can find ISP Training Resources and Templates at the Office of Provider Network Supports webpage under ISP Guidance, Templates, and Training: <https://dbhds.virginia.gov/developmental-services/provider-network-supports/>

24. New News

Updated CRC Contact List available: <https://dbhds.virginia.gov/wp-content/uploads/2023/07/CRC-Contacts-by-Capacity-Area-Effective-7.1.23-final.pdf>

25. Reminders

- Community Engagement: should be delivered in groups of people with similar interests who prefer to spend time together, based on their individual preferences and not program convenience. Also, the main purpose of the service is to build natural relationships in the community with people who do not have disabilities. Just being present in the community at a 1:3 ratio does not meet the service definition. Please contact your Provider Team CRC with any questions.
- There are 24 hours in a day, and a person cannot receive services for more than 24 hours in a day. SCs must make sure that a person is not requesting services that total more than 24 hours in any given day (this does not include per diem services).
- Make sure you are addressing identified health and safety needs from the SIS in the ISP and your Part V Plans for Supports.
- It is not acceptable to drop someone in crisis off at a hospital and leave them there without appropriate supports, as this could be a serious health and safety issue for the individual and/or others. This will most likely result reports to APS, Office of Licensing, and Office of Human Rights.

Acronyms used in this agenda

BCBA	Board Certified Behavior Analyst
BI	Building Independence
CHRIS	Computerized Human Rights Information System
CL	Community Living
CIM	Community Integration Manager
CM	Case Manager
CRC	Community Resource Consultant
CSB	Community Service Board
CVTC	Central Virginia Training Center
DARS	Department of Rehabilitative Services
DBHDS	Department of Behavioral Health and Developmental Services
DD	Developmental Disability
DMAS	Department of Medical Assistance
DOJ	Department of Justice
DSP	Direct Support Professional
EHR	Electronic Health Record
EVV	Electronic Visit Verification
F/F	Face to face
FIS	Family and Individual Supports
HCBS	Home and Community Based Services
IFSP	Individual and Family Support Program
IPC	Individual Planning Calendar
ISP	Individual Support Plan
LEIE	List of Excluded Individuals and Entities
LOC	Level of Care
MFP	Money Follows the Person
OIH	Office of Integrated Health
OISS	Office of Integrated Support Services
PBS	Positive Behavioral Support
PC ISP	Person Centered Individual Support Plan
PCT	Person Center Thinking
PD	Provider Development
PMM	Post Monitoring Move
QI	Quality Improvement
QRM	Quality Management Review
REACH	Regional Education Assessment Crisis Services Habilitation
RSS	Regional Support Specialist
RST	Regional Support Team
SA	Service Authorization
SARF	Sot Assignment Review Form
SC	Support Coordinator

SEVTC	Southeastern Virginia Training Center
SIS	Supports Intensity Scale
SSA	Social Security Administration
SWVTC	Southwestern Virginia Training Center
TC	Training Center
VIDES	Virginia Individual Developmental Disabilities Eligibility Survey
WaMS	Waiver Management System
WSAC	Waiver Slot Assignment Committee